

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | K - G    |        | 5/27/00 |
| O.I.P.E. CLASSIFIER       |          | 8      | 6-5-00  |
| FORMALITY REVIEW          | CM       | 71632  | 7/27/00 |
| RESPONSE FORMALITY REVIEW |          |        |         |

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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